



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7830

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/783,786 | <b>FILING OR 371(c)<br/>DATE</b><br>02/20/2004<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1636 | <b>ATTORNEY<br/>DOCKET NO.</b><br>89-99A |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
 David M. Kranz, Champaign, IL;  
 K. Dane Wittrup, Chestnut Hill, MA;  
 Phillip D. Holler, Champaign, IL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/731,242 12/06/2000 PAT 6,759,243  
 which is a CIP of 09/009,388 01/20/1998 PAT 6,699,658  
 and claims benefit of 60/169,179 12/06/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/05/2004**

|  |                                   |                                 |                               |                                     |
|--|-----------------------------------|---------------------------------|-------------------------------|-------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>IL | <b>SHEETS<br/>DRAWING</b><br>15 | <b>TOTAL<br/>CLAIMS</b><br>83 | <b>INDEPENDENT<br/>CLAIMS</b><br>26 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                 |                               |                                     |
| Verified and Acknowledged  | Examiner's Signature              | Initials                        |                               |                                     |

**ADDRESS**  
23713

**TITLE**  
HIGH AFFINITY TCR PROTEINS AND METHODS

|  |   |  |
|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>4182 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|  |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|  |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|  |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|  |   | <input type="checkbox"/> Other _____                           |
|  |   | <input type="checkbox"/> Credit                                |